

Virginia Voter Registration Application Form

Large print version

Privacy Act Notice: Article II, Section 2 of the Constitution of Virginia (1971) requires that a person registering to vote provide his or her social security number, if any. Therefore, if you do not provide your social security number, your application for voter registration will be denied. Section 7 of the Federal Privacy Act (Public Law Number 93-579) allows the Commonwealth to enforce this requirement, but also requires that you be advised that state and local voting officials will use the social security number as a unique identifier to ensure that no person is registered in more than one place. This registration card will not be open to inspection by the public. Your social security number will appear on reports produced only for official use by voter registration and election officials, and for jury selection purposes by courts.

WARNING: INTENTIONALLY VOTING MORE THAN ONCE IN AN ELECTION OR MAKING A MATERIALLY FALSE STATEMENT ON THIS FORM CONSTITUTES THE CRIME OF ELECTION FRAUD, WHICH IS PUNISHABLE UNDER VIRGINIA LAW AS A FELONY. VIOLATORS MAY BE SENTENCED TO UP TO 10 YEARS IN PRISON, OR UP TO 12 MONTHS IN JAIL AND/OR FINED UP TO \$2,500.

Instructions

You are not officially registered to vote until this application is approved. You should receive a Voter Card in the mail. If you do not receive this acknowledgement within 30 days after mailing this form, please contact your city or county voter registration office or the State Board of Elections. If you are already registered to vote with your current name and address, you do not need to re-register. If you have any questions regarding your voter registration status, please call your local Voter Registration Office.

Identification Requirement

For Registration

If you are registering for the first time by mail, federal law (the Help America Vote Act) requires you to provide identification. To avoid delays, please **enclose a copy of one of the following documents** that shows your **name and address** with your application: (1) current and valid photo ID, (2) current utility bill, (3) bank statement, (4) government check, (5) paycheck, or (6) other government document. You can also present this required identification at the polls but may experience delays.

For Voting

Virginia law requires every voter voting in person to show identification or sign a statement, subject to felony penalties for false statements pursuant to §24.2-1016, that the person is the named registered voter.

Mailing Instructions

- Place completed application in an envelope.
- Write your name and return address on envelope.
- Write the address of the voter registration office for the county or city where you live. List provided on the next page.
- Must be **postmarked** at least 29 days before the next Primary or General Election in which you plan to vote.
(22 days before starting 1/1/2010)

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→ Use this form to register to vote in Virginia or report a change in name or address. If you are already registered with your current name and address, you do not need to re-register.

To register to vote in Virginia, you must:

- Be a **United States citizen**
- Be a **resident of Virginia**
- Be **18 years old by the next general election**
- Have **had your voting rights restored** if you have ever been convicted of a felony
- Have **had your capacity restored** if you have ever been declared mentally incapacitated in a Circuit Court

→ **Starred (*) items are required.** If you do not complete all of the items that are marked with *, your application may be denied. Once your local registrar approves your application, you will receive a voter card **by mail**.

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* Are you a citizen of the United States of America?

☐ YES ☐ NO

* Will you be at least 18 years of age on or before the next General Election day? ☐ YES ☐ NO

If you checked "NO" in response to either of these questions, do not complete this form.

2
 - -

* Social Security Number

 / /

* Date of Birth

☐ Male ☐ Female

* Gender

 - -

* Daytime Telephone Number

* Last Name

* First Name

☐ None

☐ None

* Full Middle or Maiden Name

* Suffix Jr., Sr., III, Etc.

3

* Residence (Permanent) Home Address Apt/Unit/Rm/Ste

City/ Town

Zip Code

If Rural Address or Homeless, please describe where you reside

Mailing Address (*If different*)/ Virginia P.O. Box or Uniformed
Service Address, if applicable (*include Zip Code*)

☐ City or ☐ County
Name of City or County of Residence

E-mail Address

4* Have you ever been convicted of a felony? ☐ YES ☐ NO

State where convicted _____

If YES, have your voting rights been restored? ☐ YES ☐ NO
If YES, when restored? / /

5*** Have you ever been judged mentally incapacitated?**☐ YES ☐ NOIf *YES*, has court restored you to capacity? ☐ YES ☐ NOIf *YES*, when restored? MM/DD/YYYY**6****Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7) of my current registration and I have read the Privacy Act Notice on the front of this form.***** Signature** _____*(or mark if unable to sign)***Date:** MM/DD/YYYYIf applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (*Required*).☐

Check/describe if you have a disability that requires accommodation in order to vote.

☐**I'm interested in being an Election Official on Election Day. Please send me information.**

You may request that your home address not be released if you or member of your household are (a) **active or retired law enforcement**, or (b) have been granted a **protective court order**, or (c) are in fear of your personal safety from someone who has **threatened or stalked** you and have filed a complaint against that person with a magistrate or law enforcement (must attach copy of complaint), or (d) participate in the **Address Confidentiality Program**. You must show a Virginia P.O. Box under mailing address in Box 3.

☐ **Law Enforcement** ☐ **Protective Order**☐ **Threatened/Stalked** ☐ **Address Confidentiality Program**

Commonwealth of Virginia

*Previous Voter Registration Information

☐ NO, I am not currently registered to vote in Virginia or another state.

☐ YES, I am registered to vote at another address in Virginia or in another state. **If YES, the information below must be completed:**

Full Name as Registered

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Date of Birth

			-			-				
--	--	--	---	--	--	---	--	--	--	--

Social Security Number (*last 4 digits required*)

Address at which you were previously registered to vote

City/Town

State

Zip Code

City/County/Town of Residence (*if applicable*).

This cancellation information will be sent to the county or city and state you entered above.

Virginia Voter Registration Application Receipt

Name of Applicant

M M / D D / Y Y Y Y
Date

Name of group or individual receiving application

E-mail address

□ □ □ - □ □ □ - □ □ □ □
Daytime telephone number of group
or individual receiving application

If you have not received a Voter Card within thirty (30) days of submitting a Voter Registration Application, please contact the **Virginia State Board of Elections**.

On-line: www.sbe.virginia.gov Voice: 800 552 9745
TTY: 800 260 3466 Richmond local: 804 864 8901

No receipt is required for application completed in the Voter Registration Office.

For Office Use Only

Registration date	PCT	Town code	Denial date & reason	Date changed

New Last Name New First, Middle/Maiden Name and Suffix Date changed

Other changes	New PCT	Authorized by	Date changed

- | | | |
|--|---|--|
| <input type="checkbox"/> Deceased _____ | <input type="checkbox"/> Judged Incapacitated _____ | <input type="checkbox"/> Transferred Out _____ |
| <input type="checkbox"/> Out of State _____ | <input type="checkbox"/> Error Deleted _____ | <input type="checkbox"/> Re-Registered _____ |
| <input type="checkbox"/> Personal Request _____ | <input type="checkbox"/> NVRA Cancel _____ | <input type="checkbox"/> Inactive Status _____ |
| <input type="checkbox"/> Convicted of a Felony _____ | | <input type="checkbox"/> Reactivated _____ |

Notes